

## PART B - FEE(S) TRANSMITTAL

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20350 7590 10/22/2003

TOWNSEND AND TOWNSEND AND CREW, LLP  
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## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Jo Ann Honcick-Dallara	(Depositor's name)
<i>Jo Ann Honcick-Dallara</i>	(Signature)
January 21, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/254,590	05/24/1999	JOHN P. ADELMAN	014210-00073	7232

TITLE OF INVENTION: SMALL AND INTERMEDIATE CONDUCTANCE, CALCIUM-ACTIVATED POTASSIUM CHANNELS AND USES THEREOF

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	01/22/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
PAK, MICHAEL D	1646	435-069100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

TOWNSEND and TOWNSEND  
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## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE (co-assignees)

- ICAGEN, Incorporated

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Durham, North Carolina USA

- Oregon Health Sciences University Portland, Oregon USA

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

## 4a. The following fee(s) are enclosed:

☐ Issue Fee☐ Publication Fee☒ Advance Order - # of Copies 10

## 4b. Payment of Fee(s):

☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 20-1430 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature) *Kenneth A. Weber* (Date)

Kenneth A. Weber, Reg. 31,677 Jan. 21, 2004

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01/27/2004 MGBREM2 00000007 201430 09254590

01 FC:1501	1330.00 DA
02 FC:1504	300.00 DA
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